

Overview**Method Name**

Liquid Chromatography/Tandem Mass Spectrometry (LC/MS/MS)

NY State Available

Yes

Specimen**Specimen Type**

Varies

Specimen Required**Submit only 1 of the following specimens:****Plasma:****Specimen Type:** Plasma**Container/Tube:** Green Top**Specimen Volume:** 2 mL**Collection Instructions:** Draw blood in a green-top sodium heparin tube(s), **plasma gel tube is not acceptable.** Spin down and send 2 mL of plasma refrigerated in a plastic vial.**Serum:****Specimen Type:** Serum**Container/Tube:** Red**Specimen Volume:** 2 mL**Collection Instructions:** Draw blood in a plain, red-top tube(s), **serum gel tube is not acceptable.** Spin down and send 2 mL of serum refrigerated in a plastic vial.**Specimen Minimum Volume**

0.6 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	Plasma gel tube, Serum gel tube

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated (preferred)	14 days	
	Frozen	180 days	
	Ambient	72 hours	

Clinical and Interpretive**Reference Values**

Reference Range: 50.0 - 240.0 ng/mL

Performance**PDF Report**

No

Day(s) Performed

Monday, Tuesday, Thursday, Friday

Report Available

5 to 13 days

Performing Laboratory Location

Medtox Laboratories, Inc.

Fees and Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

CPT Code Information

80346

G0480 (if appropriate)

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
LORAZ	Lorazepam (Ativan)	59703-9



Result ID	Test Result Name	Result LOINC Value
Z1123	Lorazepam (Ativan)	59703-9